

CLAIMS ONLY

Application Number:

" Filling" Date

701710813

Applicant(s)

CLAIMS	AS FILED 8/24/9		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12						
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14		1				
15	1					
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45						
46						
47						
48						
49						
50						
Total						
Indep	2					
Total	27					
Depend						
Total	22					
Claims						

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
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58						
59						
60						
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